

<b>Case Number:</b>	CM13-0039972		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/04/2003
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 41 year old male who reported an injury on 10/04/2003. The mechanism of injury was not provided. Prior treatments included surgical intervention and medications. The documentation of 12/12/2013 revealed the injured worker's medications included a fentanyl patch 50 mcg every 8 hours, oxycodone 15 mg IR 4 times a day, Lyrica 200 mg twice a day, and Valium 10 mg 2 to 3 times day, and Imitrex as needed. The diagnosis included chronic pain syndrome. The treatment plan included increasing the injured worker's Oxycodone and changing it from Percocet to Oxycodone to remove Tylenol from the medication. The Valium was prescribed muscle spasms. The treatment plan included a continuation of Fentanyl patches and changing the Percocet 10/325 to Oxycodone IR. Additionally, it was indicated the injured worker should continue jiu jitsu and stretching and walking.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**VALIUM 10 MG #70 DOS 8-21-13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The MTUS Chronic Pain Guidelines do not recommend the use of benzodiazepines as a treatment for patients with chronic pain longer than 3 weeks due to a high risk of psychological and physiological dependence. The clinical documentation indicated the injured worker was receiving the prescription for muscle spasms. However, there was a lack of documentation for the efficacy for the requested medication. The duration of use could not be established. It was indicated the injured worker had previously been prescribed the medication. Given the above, the request for Valium 10 mg #70 date of service 08/21/2013 is not medically necessary.